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DATE: October 25, 2006

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Total Number of Pages (Including This Page): 10

FROM: Dr. Lola A. Bartoszewicz / (416) 849-8420

COMMENTS:

Re: United States Patent Application No. 10/517,275
Applicant: MIN ET AL
Title: Immunomodulation Using Altered Dendritic Cells

Attached hereto please find our response

Regards,

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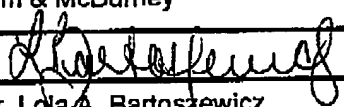
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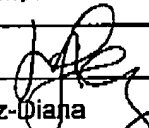
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/517,275	RECEIVED CENTRAL FAX CENTER OCT 25 2006
	Filing Date	August 1, 2005	
	First Named Inventor	MIN ET AL	
	Art Unit	1632*	
	Examiner Name	J. Hama	
Total Number of Pages in This Submission	9	Attorney Docket Number	4787-217 LAB

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sim & McBurney		
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Printed name	Dr. Lola A. Bartoszewicz		
Date	October 25, 2006	Reg. No.	43394

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Typed or printed name	Monica Lopez-Diana	Date	October 25, 2005

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